1 Control number	55555							
2 Employer's name, addre	ess, and ZIP code		3 Employer	's identificat	tion number	4 Emplo	yer's State nur	mber
			5 Stat. employee		ension Legal lan rep.	emp. t	Sub- Cor- total rection EIC payment	Void
3 Employee's social security n	umber 9 Federal i	ncome tax withheld	10 Wages,	tips, other c	compensation	11 FICA	tax withheld	
2 Employee's name (firs	t, middle, last)		. 13 FICA v	vages		14 FICA	tips	
			16 Emplo	yer's use		!		
			17 State in	ncome tax	18 State wage	s, tips, etc.	19 Name of St	ate
5 Employee's address a	nd ZIP code		20 Local in	ncome tax	21 Local wage	s, tips, etc.	22 Name of loc	ality
orm W-2 Wage and T		.980 .cs	ppy A For Social see Instructions parate Forms of				Department of the Internal Revenu	Treasur le Servic
1 Control number	22222	1			·			
2 Employer's name, addr	ess, and ZIP code		3 Employe	r's identifica	tion number	4 Emplo	oyer's State nu	mber
			5 Stat. employee		Pension Legal plan rep.	emp.	Sub- Cor- total rection	Void
P. Employan's social convitu	number D Federal	ncome tax withheld	6 *	tine other	compensation		e EIC payment	
B Employee's social security n		nconie tax withheid			Compensation			
12 Employee's name (firs	t, middle, last)		. 13 FICA		-·····································	14 FICA	tips	
			16 Emplo	oyer's use				
			17 State i	ncome tax	18 State wag	es, tips, etc.	19 Name of S	tate
15 Employee's address a	and ZIP code		20 Local i	income tax	21 Local wag	es, tips, etc.	22 Name of lo	cality
orm W-2 Wage and T 83–030–1		1980	opy A For Social See Instructions parate Forms (for Forms	W-2 and W-2F		Department of the internal Reven	e Treasu ue Servic
1 Control number	22222				·			
2 Employer's name, add	ress, and ZIP code		3 Employe	er's identifica	ation number	4 Empl	oyer's State nu	ımber
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8 Employee's social security	number 9 Federal	income tax withheld	10 Wages	, tips, other	compensation	11 FICA	A tax withheld	
12 Employee's name (fir	st, middle, last)		. 13 FICA			14 FICA	\ tips	
			16 Empl	oyer's use				
			17 State	income tax	18 State was	es, tips, etc.	19 Name of S	State
15 Employee's address	and ZIP code		20 Local	income tax	21 Local wag	es, tips, etc.	22 Name of Id	ocality

Form W-2 Wage and Tax Statement 1980 283-030-1

Copy A For Social Security Administration
* See Instructions for Forms W-2 and W-2P

Department of the Treasury Internal Revenue Service

1 Control number	22222							
2 Employer's name, address, ar		<u> </u>	3 Employer's	identification	n number	4 Employ	er's State num	nber
			5 Stat. em- D	e. Per	sion Legal	942 Si	ub- Cor-	
				eased pla			otal rection	Void
			6			7 Advance	EIC payment	
8 Employee's social security number	9 Federal in	come tax withheld	10 Wages, ti	ps, other co	mpensation	11 FICA	tax withheld	
12 Employee's name, address,	and ZIP code		13 FICA wa	iges		14 FICA	tips	
			16 Employe	er's use				
			17 State inc	ome tax	18 State wages	s, tips, etc.	19 Name of Sta	ite
			20 Local inc	ome tax	21 Local wages	s, tips, etc.	22 Name of loca	ality
Wage and Tax St		980 Copy 1 For S Employee's	tate, City, or	Local Tax ver's copy	Department compared.			
2 Employer's name, address, a	nd ZIP code		3 Employer's	dentificati	on number	4 Emplo	yer's State nu	mber
			5 Stat. em-	De Pe ceased pl	ension Legal an rep.		Sub- Cor- total rection	Void
			6			7 Advanc	e EIC payment	
8 Employee's social security number	9 Federal in	ncome tax withheld	10 Wages, t	ips, other c	ompensation	11 FICA	tax withheld	
12 Employee's name, address,	and ZIP code	•	13 FICA W	ages		14 FICA	tips	
			16 Employ	er's use				
			17 State in	come tax	18 State wage	es, tips, etc.	19 Name of S	tate
			20 Local in	come tax	21 Local wage	es, tips, etc.	22 Name of lo	cality
Wage and Tax S	tatement 1	980 Copy 1 For Employee'	State, City, o s and emplo	r Local Ta yer's copy	x Department compared.			101,100
2 Employer's name, address,			3 Employer	's identifica	tion number	4 Empi	oyer's State nu	ımber
			5 Stat. em- ployee		ension Legal lan rep.	942 emp.	Sub- Cor- total rection ce EIC payment	Void
8 Employee's social security numbe	r Q Federal	income tax withheld		tins other	compensation		A tax withheld	
12 Employee's name, address			13 FICA V			14 FIC		
			16 Emplo					
			17 State in		18 State was	ges, tips, etc.	19 Name of S	State
			20 Local in		21 Local was		22 Name of I	
			ZU Local II	ncome (ax	ZI LOCAL WAS	ses, tips, etc.	EC Haille Of It	

Wage and Tax Statement 1980

Copy 1 For State, City, or Local Tax Department Employee's and employer's copy compared.

1 Control number	22222			•••				
2 Employer's name, addre	<u> </u>	<u> </u>	3 Employer's identif	ication	number	4 Emplo	yer's State nur	nber
			5 Stat. em- De- ployee ceased	Pensio	n Legal rep.		ub- Cor- otal rection	Void
			6	لسا		7 Advance	EIC payment	
8 Employee's social security nu	mber 9 Federal inc	come tax withheld	10 Wages, tips, other	er compe	ensation	11 FICA	tax withheld	
12 Employee's name, add	ress, and ZIP code		13 FICA wages			14 FICA	tips	
			16 Employer's us	e				
			17 State income tax	1	8 State wages,	tips, etc.	19 Name of Sta	ate
			20 Local income tax	2	1 Local wages,	tips, etc.	22 Name of loca	ality
orm W-2 Wage and Ta	x Statement 19	RO This information	filed with employers is being furnished to the transfer of the	ers FED	DERAL TAX F	ervice.	epartment of the Internal Revenue	e Service
2 dontrer namper	55555							
2 Employer's name, addr	ess, and ZIP code		3 Employer's ident	ification	number	4 Emplo	yer's State nu	mber
			5 Stat. em - De- ployee ceased	Pensi plan	on Legal rep.		Sub- Cor- total rection	Void
			Dioyee ceased					
			6			7 Advanc	e EIC payment	
8 Employee's social security n	umber 9 Federal in	come tax withheld	10 Wages, tips, oth	her comp	pensation	11 FICA	tax withheld	
12 Employee's name, add	iress, and ZIP code		13 FICA wages			14 FICA	tips	
			16 Employer's u	se		<u>. </u>		
			17 State income ta	x 1	18 State wage	s, tips, etc.	19 Name of St	tate
			20 Local income ta	ix 2	21 Local wages	s, tips, etc.	22 Name of lo	cality
Form W-2 Wage and Ta 283-030-1	1	OSO Copy B To be This information	e filed with employers is being furnished to	ee's FEi	DERAL tax rnal Revenue	return Service.	Department of the Internal Revenu	Treasur ue Servic
2 Employer's name, add	22222	1	3 Employer's iden	tification	number	l 4 Empl	oyer's State ni	umber
2 Employer's name, add	1003, and EIF code		5 2p.0901 5 70011		,			
			5 Stat. em- De- ployee ceased	Pens plan		942 emp.	Sub- total rection ce EIC payment	n Void
8 Employee's social security	number 9 Federal i	ncome tax withheld	10 Wages, tips, of	ther com	pensation	11 FIC	A tax withheld	
12 Employee's name, ad	dress, and ZIP cod	e	13 FICA wages			14 FIC	A tips	
			16 Employer's 1	ıse				
			17 State income t	ax	18 State wage	es, tips, etc.	19 Name of S	State
1			20 Local income t		21 Local wags	e tine atc	22 Name of lo	cality

Form W-2 Wage and Tax Statement 1980 283-030-1

Copy B To be filed with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service.

Department of the Treasury Internal Revenue Service

I Control number	22222								
2 Employer's name, address, an	d ZIP code	I	3 Employer's ident	ification	number	4 Empl	oyer's \$	State nun	nber
			5 Stat. em- De- ployee ceased	Pens plan		942 emp.	Sub- total Ce EIC pa	Cor- rection	Void
8 Employee's social security number	9 Federal inc	come tax withheld	10 Wages, tips, ot	her com	pensation	11 FIC	A tax wi	thheld	
12 Employee's name, address, a	and ZIP code		13 FICA wages			14 FIC	A tips		
			16 Employer's u	se		!			
			17 State income ta	ıx	18 State wage	s, tips, etc.	19 Na	ame of Sta	ite
			20 Local income ta	ıx	21 Local wage	s, tips, etc.	22 Na	ime of loca	lity
rm W-2 Wage and Tax Sta	tement 19	980 This informa	Copy C For employe tion is being furnished to	e's rec	cords ernal Revenue	Service.		ent of the al Revenue	
2 control number	55555								
2 Employer's name, address, an	d ZIP code		3 Employer's ident	ification	number	4 Empl	oyer's S	State nun	nber
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B Employee's social security number	9 Federal inc	come tax withheld	10 Wages, tips, ot	her com	pensation	11 FIC	A tax wi	thheld	
2 Employee's name, address, a	I and ZIP code		13 FICA wages	13 FICA wages 14 FIC			A tips		
			16 Employer's u	se		<u>!</u>			
			17 State income ta	ıx	18 State wage	s, tips, etc.	19 Na	ame of Sta	ite
			20 Local income ta	ix	21 Local wage	s, tips, etc.	22 Na	ime of loca	lity
rm W-2 Wage and Tax Sta	tement 19	980 This informa	Copy C For employe tion is being furnished to	e's rec the inte	cords ernal Revenue	Service.	Departm Intern	ent of the al Revenue	Treas Ser
2 Employer's name, address, an	d ZIP code	1	3 Employer's ident	ification	number	4 Empl	oyer's S	State nun	nber
			5 Stat. em- De- ployee ceased	Pens plan		942 emp. 7 Advan	Sub- total Ce EIC pa	Cor- rection	Voi
B Employee's social security number	9 Federal inc	come tax withheld	10 Wages, tips, ot	her com	pensation	11 FIC	A tax wi	thheld	
12 Employee's name, address, a	and ZIP code		13 FICA wages			14 FIC	A tips		
			16 Employer's u	se					-
			17 State income ta	ıx	18 State wage	s, tips, etc.	19 Na	ame of Sta	ite
			20 Local income ta	ix	21 Local wage	s, tips, etc.	22 Na	me of loca	lity

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance

EIC payment.

File Copy B of this form with your 1980 Federal income tax return. Attach Copy 2 to your 1980 State or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have nonwage income of more than \$500 and will owe tax of \$100 or more, you should file Form 1040–ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year. If you retired during 1980 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040–ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

283-030-1

☆ U.S. GOVERNMENT PRINTING OFFICE: 1980-O-283-030

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If you have nonwage income of more than \$500 and will owe tax of \$100 or more, you should file Form 1040–ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year. If you retired during 1980 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040–ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

283-030-1

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If you have nonwage income of more than \$500 and will owe tax of \$100 or more, you should file Form 1040–ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year. If you retired during 1980 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040–ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

Credit for FICA Tax.—If more than one employer paid you wages during 1980 and more than the maximum FICA (social security and hospital insurance) employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security (FICA) rate of 6.13%, under Public Law 95–216, includes 1.05% for hospital insurance benefits and 5.08% for old-age, survivors, and disability insurance.

Box 5. Pension plan.—If you were covered by a government employee plan, a qualified pension or profit-sharing retirement plan, or a tax sheltered annuity plan, the Pension plan box will be marked. Otherwise no mark will be made in this box. Armed Forces reservists, National Guard members, or volunteer firefighters, who have a retirement savings arrangement, should see Publication 590, Tax Information on Individual Retirement Arrangements.

Credit for FICA Tax.—If more than one employer paid you wages during 1980 and more than

the maximum FICA (social security and hospital

insurance) employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was

withheld, you can claim the excess as a credit

against your Federal income tax. (Please see your

Federal income tax return instructions.) The so-

cial security (FICA) rate of 6.13%, under Public

Law 95-216, includes 1.05% for hospital insur-

ance benefits and 5.08% for old-age, survivors,

a government employee plan, a qualified pension

or profit-sharing retirement plan, or a tax shel-

tered annuity plan, the Pension plan box will be

marked. Otherwise no mark will be made in this

box. Armed Forces reservists, National Guard

members, or volunteer firefighters, who have a

retirement savings arrangement, should see **Publication 590.** Tax Information on Individual Re-

Box 5. Pension plan.—If you were covered by

and disability insurance.

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Credit for FICA Tax.—If more than one employer paid you wages during 1980 and more than the maximum FICA (social security and hospital insurance) employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security (FICA) rate of 6.13%, under Public Law 95–216, includes 1.05% for hospital insurance benefits and 5.08% for old-age, survivors, and disability insurance.

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1 Control number	55555					
2 Employer's name, addre	ss, and ZIP code	<u> </u>	3 Employer's identifi	cation number	4 Empl	oyer's State number
			5 Stat. em- De- ployee ceased	Pension Leg plan rep		Sub- Cor- Void total rection
			6		7 Advan	e EIC payment
9 Employed a said association	mbor 0 Sedeval inc	ome tax withheld	10 Wages, tips, othe	r companyation	11 FIC	A tax withheld
8 Employee's social security nu	mibel 5 rederal inc	onie tax withheld	TO Wages, tips, othe	Compensation		
12 Employee's name, addr	ess, and ZIP code		13 FICA wages		14 FIC	\ tips
			16 Employer's use	•		
			17 State income tax	18 State	wages, tips, etc.	19 Name of State
			20 Local income tax	21 Local	wages, tips, etc.	22 Name of locality
Wage and Tax	Statement 19	Copy 2 To be f	iled with employee's Sta mployee's and employe	ite, City, or Loc r's copy compa	al income red.	
283-030-1					<u> </u>	
1 Control number						
	55555		las i i i ii	••	l 4 Empl	avada Stata numbar
2 Employer's name, addres	ss, and ZIP code		3 Employer's identifi	cation number		oyer's State number
			5 Stat. em- De- ployee ceased	Pension Leg		Sub- Cor- Void total rection
		•	6	<u> </u>	7 Advan	e EIC payment
8 Employee's social security nu	mber 9 Federal inc	come tax withheld	10 Wages, tips, othe	r compensation	11 FICA	A tax withheld
12 Employee's name, addr	ess, and ZIP code		13 FICA wages		14 FIC	\ tips
			16 Employer's use	•	· · · · · · · · · · · · · · · · · · ·	
			17 State income tax	18 State	wages, tips, etc.	19 Name of State
			20 Local income tax	21 Local	wages, tips, etc.	22 Name of locality
Wage and Tax 283-030-1	Statement 19	Copy 2 To be f tax return. E	iled with employee's Sta imployee's and employe	te, City, or Loc 's copy compa	al income red.	
1 Control number	55555					
2 Employer's name, addres	ss, and ZIP code	<u>.</u>	3 Employer's identifi	cation number	4 Empl	oyer's State number
			5 Stat. em- De- ployee ceased	Pension Leg		Sub- Cor- Void total rection
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8 Employee's social security nu	mber 9 Federal inc	ome tax withheld	10 Wages, tips, othe	r compensation	11 FICA	A tax withheld
12 Employee's name, addr	ess, and ZIP code		13 FICA wages		14 FIC/	\ tips
			16 Employer's use	•		
			17 State income tax	18 State	wages, tips, etc.	19 Name of State
			20 Local income tax	21 Local	wages, tips, etc.	22 Name of locality

Wage and Tax Statement 1980

Copy 2 To be filed with employee's State, City, or Local income tax return. Employee's and employer's copy compared.

1 Control number	22222							
2 Employer's name, addres	ss, and ZIP code	****	3 Employer's ide	ntificatio	on number	4 Empl	oyer's State nui	mber
			5 Stat. em- De- ployee cease		nsion Legal in rep.	emp.	Sub- Cor- total rection ce EIC payment	Yoid
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8 Employee's social security nu	mber 9 Federal inco	me tax withheld	10 Wages, tips,	other co	mpensation	11 FICA	A tax withheld	
12 Employee's name, addr	ess, and ZIP code		13 FICA wages	·····		14 FICA	\ tips	
			16 Employer's	use				
			17 State income	tax	18 State wage:	s, tips, etc.	19 Name of St	ate
			20 Local income	tax	21 Local wage	s, tips, etc.	22 Name of loc	ality
Form W-2 Wage and Tax 283–030–1	Statement 198	30	Copy D For e	employ	er		Department of the internal Revenu	
1 Control number	22222				-			
2 Employer's name, addres	ss, and ZIP code		3 Employer's ide	ntificatio	on number	4 Empl	oyer's State nui	mber
			5 Stat. em- De- ployee cease	Pe d pla	nsion Legal in rep.	emp.	Sub- Cor- total rection ce EIC payment	Yoid
8 Employee's social security nu	mber 9 Federal inco	me tax withheld	10 Wages, tips,	other co	mpensation	11 FICA	A tax withheld	1818 1
12 Employee's name, addr	ess, and ZIP code		13 FICA wages 14 FICA			\ tips		
			16 Employer's	use		<u> </u>		
			17 State income	tax	18 State wage	s, tips, etc.	19 Name of St	ate
			20 Local income	tax	21 Local wage:	s, tips, etc.	22 Name of loc	ality
Form W-2 Wage and Tax 283–030–1	Statement 198	30	Copy D For e	mploy	er		Department of the Internal Revenu	
1 Control number	55555				1.1.1.1.1			
2 Employer's name, addres	ss, and ZIP code		3 Employer's ide	ntificatio	on number	4 Empl	oyer's State nui	mber
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12 Employee's name, addr	ess, and ZIP code		13 FICA wages			14 FICA	\ tips	
			16 Employer's	use		·		
			17 State income	tax	18 State wages	s, tips, etc.	19 Name of St	ate
			20 Local income	tax	21 Local wage:	s, tips, etc.	22 Name of loc	ality

Form W-2 Wage and Tax Statement 1980 283-030-1

Copy D For employer

Department of the Treasury Internal Revenue Service

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most States. If you are in doubt, ask your appropriate State or local official.

Prepare Form W–2 for each of your employees to whom any of the following items applied during 1980.

- (a) You withheld income tax or FICA (social security) tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- (c) You paid \$600 or more.
- (d) You paid for services any amount, if you are in a trade or business. Include the cash

value of any payment you made that was not in cash.

By January 31, 1981, give Copies B, C, and 2 to each person who was your employee during 1980. For anyone who stopped working for you before the end of 1980, you may give copies any time after employment ends. If the employee asks for Form W–2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by February 28, 1981. (For more information, please see Forms 941, 942, W–3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

283-030-1

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See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.